

**Hospital Certification Form**

## Mercury (Hg) Elimination Leadership Program (HELP) Award

- ☐ Inventory all mercury devices and sources. A complete inventory will include labeling all mercury-containing devices, and preparing and implementing a plan to replace all inventoried devices with non-mercury alternatives where alternatives are available.
- ☐ Replace patient mercury thermometers with non-mercury containing devices.
- ☐ Replace, at a minimum, 75 percent of sphygmomanometers inventoried. Prepare a plan for totally eliminating the remaining devices.
- ☐ Replace, at a minimum, 75 percent of clinical mercury-containing devices (Bougies, Miller Abbott tubes, dilators, etc.). Prepare a checklist of all items that have been replaced and prepare and implement a plan to totally eliminate any remaining devices.
- ☐ Develop and implement a fluorescent tube recycling program.
- ☐ Develop and implement a mercury and alkaline battery collection program.
- ☐ Prepare and put into practice an Environmentally Preferable Purchasing (EPP) statement that bans the purchase of mercury-containing items without prior approval. Training and procedures for the use of the statement must be put in place. The procedure must include who may approve mercury purchases and list acceptable reasons for the purchase. The request to purchase any mercury containing devices should include a plan to manage the mercury safely and to collect all waste.
- ☐ Replace, at a minimum, 75 percent of laboratory chemicals containing mercury. Prepare a plan for total elimination of mercury laboratory chemicals. Replace B5 or Zenkers stain with a non-mercury substitute.
- ☐ Replace, at a minimum, 75 percent of all mercury laboratory thermometers. Complete an inventory of mercury laboratory thermometers. A complete inventory will include labeling all mercury containing thermometers, and preparing and implementing a plan to replace all inventoried devices with non-mercury alternatives where alternatives are available.
- ☐ Complete the Mercury Toolkit spreadsheets documenting the mercury you have removed from the facility and submit them to [mkpride@dtsc.ca.gov](mailto:mkpride@dtsc.ca.gov).

Your signature certifies that your hospital has met the above goals of virtual mercury elimination.

Hospital Name:		
Street Address:		
Mailing Address (if different from Street Address):		
City:	State:	Zip Code:
Email Address:	Phone Number:	
Your Printed Name:		Title:
Signature:		Date: